

**SUPPLEMENTAL
DECLARATION FOR UTILITY
OR DESIGN
PATENT APPLICATION
(37 CFR 1.67)**

Attorney Docket Number	94100420(EP)USC1X1C1D9 PDDD
First Named Inventor	Adrian P. Wise
COMPLETE IF KNOWN	
Application Number	09/777,283
Filing Date	February 6, 2001
Art Unit	2154
Examiner Name	Nguyen, Dustin

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MULTISTANDAR VIDEO DECODER AND DECOMPRESSION SYSTEM FOR PROCESSING
ENCODED BIT STREAMS INCLUDING A DECODER WITH TOKEN GENERATOR AND
METHODS RELATING THERETO**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

February 6, 2001

as United States Application Number or PCT International

Application Number

09/777,283

and was amended on (MM/DD/YYYY)

**6/8/04, 12/23/03, 7/8/03 and
2/6/01**

**6/8/04, 12/23/03, 7/8/03, and
2/6/01**

I hereby declare that the subject matter of the ☐ attached amendment ☒ amendment filed on

was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
92306038.8 9405914.4 9504019.2	EPO GB GB	6/30/1992 3/24/1994 2/28/1995	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

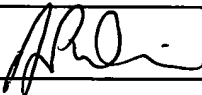
[Page 1 of 8]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents: P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

SUPPLEMENTAL DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number: 22887		OR <input type="checkbox"/> Correspondence address below	
Name DISCOVISION ASSOCIATES - Intellectual Property Development					
Address 2355 Main Street, Suite 200					
Address					
City Irvine,		State CA		ZIP 92614	
Country U.S.A.		Telephone (949) 660-5000		Fax (949) 660-1801	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Adrian P.		Family Name or Surname Wise			
Inventor's Signature 					Date 7 Nov 2004
Residence: City Bracknell, Bershire		State		Country UK	
Citizenship UK					
Mailing Address 17 Alben Road					
Mailing Address Binfield					
City Bracknell		State		ZIP RG42 4HU	
Country UK					
Name of Second Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Martin W.		Family Name or Surname Sotheran			
Inventor's Signature					Date
Residence: City Bristol		State		Country UK	
Citizenship UK					
Mailing Address 24 Home Farm Way					
Mailing Address Easter Compton					
City Bristol		State		ZIP BS35 3SE	
Country UK					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/ 02A or 02LR attached hereto.					

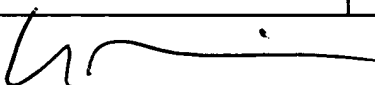
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

SUPPLEMENTAL DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number: 22887		OR <input type="checkbox"/> Correspondence address below	
Name DISCOVISION ASSOCIATES - Intellectual Property Development					
Address 2355 Main Street, Suite 200					
Address					
City Irvine,		State CA		ZIP 92614	
Country U.S.A.		Telephone (949) 660-5000		Fax (949) 660-1801	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Adrian P.		Family Name or Surname Wise			
Inventor's Signature					Date
Residence: City Bracknell, Bershire		State		Country UK	
Citizenship UK					
Mailing Address 17 Alben Road					
Mailing Address Binfield					
City Bracknell		State		ZIP RG42 4HU	
Country UK					
Name of Second Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Martin W.		Family Name or Surname Sotheran			
Inventor's Signature 					Date 18 th Sept 04
Residence: City Bristol		State		Country UK	
Citizenship UK					
Mailing Address 24 Home Farm Way					
Mailing Address Easter Compton					
City Bristol		State		ZIP BS35 3SE	
Country UK					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/ 02A or 02LR attached hereto.					

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

SUPPLEMENTAL DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number: 22887		OR <input type="checkbox"/> Correspondence address below	
Name DISCOVISION ASSOCIATES - Intellectual Property Development					
Address 2355 Main Street, Suite 200					
Address					
City Irvine,		State CA		ZIP 92614	
Country U.S.A.		Telephone (949) 660-5000		Fax (949) 660-1801	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or ^{third} First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name William P.		Family Name or Surname Robbins			
Inventor's Signature 					Date
Residence: City Bristol		State		Country UK	
Citizenship UK					
Mailing Address 2 Windsor Terrace					
Mailing Address Clifton					
City Bristol		State		ZIP BS8 4LW	
Country UK					
Name of ^{Fourth} Second Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Anthony M.		Family Name or Surname Jones			
Inventor's Signature					Date
Residence: City Beaverton		State OR		Country USA	
Citizenship UK					
Mailing Address 9070 SW 180th Place					
Mailing Address					
City Beaverton		State OR		ZIP 97007	
Country USA					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the ____ supplemental sheet(s) PTO/SB/ 02A or 02LR attached hereto.					

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

SUPPLEMENTAL DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

Direct all correspondence to: ☒ Customer Number: 22887 OR ☐ Correspondence address belowName
DISCOVISION ASSOCIATES - Intellectual Property DevelopmentAddress
2355 Main Street, Suite 200

Address

City
Irvine, State
CA ZIP
92614Country
U.S.A. Telephone
(949) 660-5000 Fax
(949) 660-1801

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

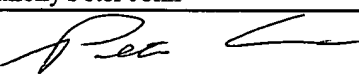
Name of Sole or ^{third} ~~First~~ Inventor: ☐ A petition has been filed for this unsigned inventorGiven
Name
William P. Family Name
or Surname
RobbinsInventor's
Signature
DateResidence: City
Bristol State
Country
UK Citizenship
UKMailing Address
2 Windsor TerraceMailing Address
CliftonCity
Bristol State
ZIP
BS8 4LW Country
UKName of ^{fourth} ~~Second~~ Inventor: ☐ A petition has been filed for this unsigned inventorGiven
Name
Anthony M. Family Name
or Surname
JonesInventor's
Signature
Date
9/25/04Residence: City
Beaverton State
OR Country
USA Citizenship
UKMailing Address
9070 SW 180th Place

Mailing Address

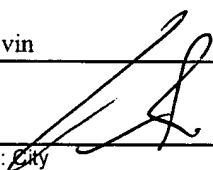
City
Beaverton State
OR ZIP
97007 Country
USA☐ Additional inventors or a legal representative are being named on the ____ supplemental sheet(s) PTO/SB/ 02A or 02LR attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

SUPPLEMENTAL DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

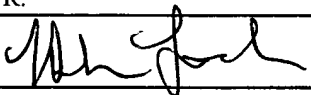
Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number: 22887		OR <input type="checkbox"/> Correspondence address below	
Name DISCOVISION ASSOCIATES - Intellectual Property Development					
Address 2355 Main Street, Suite 200					
Address					
City Irvine,		State CA		ZIP 92614	
Country U.S.A.		Telephone (949) 660-5000		Fax (949) 660-1801	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or ^{Fifth} First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Anthony Peter John		Family Name or Surname Claydon			
Inventor's Signature 					Date 26 SEPT 04
Residence: City Bath, Avon		State		Country UK	
Citizenship UK					
Mailing Address 14 Sydney Buildings					
Mailing Address					
City Bath, Avon		State		ZIP BA2 6BZ	
Country UK					
Name of ^{Sixth} Second Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Kevin		Family Name or Surname Boyd			
Inventor's Signature					Date
Residence: City Pattishall, Northants		State		Country UK	
Citizenship UK					
Mailing Address Mews Close, 48 The Crescent					
Mailing Address					
City Pattishall, Northants		State		ZIP NN12 8NA	
Country UK					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the ____ supplemental sheet(s) PTO/SB/ 02A or 02LR attached hereto.					

SUPPLEMENTAL DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number: 22887		OR <input type="checkbox"/> Correspondence address below	
Name DISCOVISION ASSOCIATES - Intellectual Property Development					
Address 2355 Main Street, Suite 200					
Address					
City Irvine,		State CA		ZIP 92614	
Country U.S.A.		Telephone (949) 660-5000		Fax (949) 660-1801	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or ^{Fifth} First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Anthony Peter John		Family Name or Surname Claydon			
Inventor's Signature					Date
Residence: City Bath, Avon		State		Country UK	
Citizenship UK					
Mailing Address 14 Sydney Buildings					
Mailing Address					
City Bath, Avon		State		ZIP BA2 6BZ	
Country UK					
Name of ^{Sixth} Second Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Kevin		Family Name or Surname Boyd			
Inventor's Signature 					Date 27 Sep 06
Residence: City Pattishall, Northants		State		Country UK	
Citizenship UK					
Mailing Address Mews Close, 48 The Crescent					
Mailing Address					
City Pattishall, Northants		State		ZIP NN12 8NA	
Country UK					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/ 02A or 02LR attached hereto.					

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

SUPPLEMENTAL DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number: 22887		OR <input type="checkbox"/> Correspondence address below	
Name DISCOVISION ASSOCIATES - Intellectual Property Development					
Address 2355 Main Street, Suite 200					
Address					
City Irvine,		State CA		ZIP 92614	
Country U.S.A.		Telephone (949) 660-5000		Fax (949) 660-1801	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of First ^{Seventh} Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Helen R.		Family Name or Surname Finch			
Inventor's Signature 					Date 4th Oct 04
Residence: City Bristol		State		Country UK	
Citizenship UK					
Mailing Address 55 Druid Woods - Avon Way					
Mailing Address					
City Bristol		State		ZIP BS9 1TD	
Country UK					
Name of Second ^{Seventh} Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
Inventor's Signature					Date
Residence: City		State		Country	
Citizenship					
Mailing Address					
Mailing Address					
City		State		ZIP	
Country					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the ____ supplemental sheet(s) PTO/SB/ 02A or 02LR attached hereto.					